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Commentary on Occupational therapy in the modern adult acute mental health setting: a review of current practice

Alan Simpson in *International Journal of Therapy and Rehabilitation*, September 2010, Vol 17, No 9: 489-490.

Research conducted in a longitudinal study of acute mental health care in London found that people are admitted to acute psychiatric wards for the following reasons:

- They appear likely to harm themselves or others, and
- They are suffering from a severe mental illness, and/or
- They or their family/community require respite, and/or
- They have insufficient support and supervision available to them in the community.

In the same study, semi-structured interviews of key inpatient staff, including psychiatric nurses, consultant psychiatrists and occupational therapists, identified the functions of acute care as containment (risk assessment, de-escalation, restraint), presence (being with patients, mental state assessments, assessment of living skills), 'presence plus' (building up trust, support, empowerment), treatment (medication, sedation, different types of therapy) and management (admission, discharge, bed finding, care coordination) (Bowers et al, 2005). In addition to that, patients also bring with them other life and health problems. While not a cause of admission, these problems have to be managed by inpatient staff. Where they can be resolved, they represent an 'admission bonus' (Bowers et al, 2009).

The occupational therapist role

What part occupational therapists have to play in this complex scenario and how they define their specific role and purpose is an interesting question.

Modern mental health care is provided by multi-disciplinary teams and, to a greater or lesser extent, occupational therapists are a key part of that team on acute wards. Our study in one NHS Trust in London found variation in perceived and actual inclusion of occupational therapists within the ward team, with differences in the level of involvement in service provision, team discussions and decision making (Simpson et al, 2005).

This reflects Miller et al's (2001) research in various healthcare settings which found that truly integrated teams were a rarity. More common were 'core and periphery' teams, where certain members of the clinical team formed a close-knit nucleus, with other healthcare staff inputting from the edges, often excluded from clinical discussions and decision-making by the core team. Such team structures often reflected historical developments over time rather than conscious, strategic planning.

A more central role

As the authors of this article suggest, there is great scope for occupational therapists and occupational therapy to play a much more central role in the delivery of acute mental health care. However, such a move is not without its challenges. Studies of multidisciplinary teamwork frequently cite the tensions created through the blurring of disciplinary boundaries and the loss of a distinctive role (Brown et al, 2000), something already reported by occupational therapists (Lloyd et al, 2004). An

additional challenge on psychiatric wards is the resentment that may emerge if occupational therapists stake out expanded roles that involve the more 'therapeutic' and arguably 'glamorous' roles such as providing cognitive behaviour therapy (CBT) and other psychosocial interventions, while leaving the nursing staff team to organize bed management, ward rounds and CPA reviews; undertake containment measures such as observation, seclusion, restraint and administering medications; and to ensure the copious yet necessary and crucial administration and inter-professional communication is maintained (Bowers et al, 2005).

Of course, negotiations and tensions over roles and responsibilities have been documented and described in inpatient mental settings since at least the 1950s (Strauss, 1978) and the theories that emerged then remain relevant in understanding any area of contemporary multiprofessional working (Zwarenstein and Reeves, 2002).

The importance of group work

In this article, the authors rightly re-state the importance of involvement in group activities and therapies, and our recent research has underscored the essential nature of such structured activities in, not only relieving the all-pervasive boredom on acute wards (Quirk and Lelliot, 2001; Binnema, 2004), but, importantly, in reducing levels of conflict and serious incidents.

In a multivariate cross-sectional study of 136 acute psychiatric wards in England that considered the association of a wide variety of variables with self-harm, we found that the provision of patient activity sessions was strongly associated with lower levels of more severe self-harm, suggesting that an effective structure of routine for patients has a preventive effect (Bowers et al, 2008). Increased structure on wards also appears to reduce overall levels conflict on wards (Bowers, 2009). Wards that have no or weak programmes of patient activity sessions should give serious thought to remedying this deficit, especially as this recommendation has been made in previous policy guidance (Department of Health, 2002), and occupational therapists should be at the forefront of such developments.

Imaginative suggestions for improving the inpatient environment including the provision of an astonishing range of activities both on and off inpatient wards have been promoted through the innovative Star Wards project (Janner, 2006) and many occupational therapists have been central to the popularity and success of that (Simpson and Janner, 2010).

Conclusions

Greater involvement in research that focuses on the role of occupational therapists, their impact on service user experiences and outcomes and the interrelationships with the functions and responsibilities of other staff is essential, and many of us would welcome opportunities for greater collaboration.

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